

HEREFORDSHIRE COUNTY COUNCIL
EDUCATION COMMITTEE



ANNUAL REPORT
OF THE
PRINCIPAL
SCHOOL MEDICAL OFFICER
FOR THE YEAR
1953

HEREFORDSHIRE EDUCATION COMMITTEE

(as at 31st December, 1953)

ALDERMAN W. J. BRAY, J.P.

(Chairman)

COUNCILLOR MRS. A. M. BARNEBY, J.P.

(Vice-Chairman)

ALDERMEN

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A. E. FARR, J.P.

D. W. HAMLEN-WILLIAMS
R. PASHLEY, J.P.

COUNCILLORS

MRS. B. A. BARKER, J.P.
T. W. BARNES
G. F. CHAMBERS, J.P.
MISS S. G. DUNNE
H. C. FAWKE
F. W. GREEN
G. F. C. HIGGINBOTHAM
K. V. JAMES-MOORE
R. H. K. JOYCE
S. T. LAYTON
C. H. MARCHANT, J.P.
MRS. G. MEREDITH-OWEN, M.A.
MRS. A. J. PASKE

H. T. PATRICK
J. B. PERKINS
P. E. W. PERKINS
W. D. PORTER
C. J. POWELL
H. R. ROWLANDS
L. J. WEST, J.P.
R. C. WILDING
MRS. M. J. WILLIAMSON
W. H. WRIGHT
D. H. YEOMANS
(2 vacancies)

HEREFORD CITY COUNCIL REPRESENTATIVES

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ALD. W. PIGOTT
COUNCILLOR F. R. W. BLACKLER

COUNCILLOR C. J. GOODING
COUNCILLOR G. W. RUSSELL
COUNCILLOR MRS. M. WALLIS

ADDITIONAL MEMBERS

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MISS K. E. ATTENBOROUGH
THE RT. REV. THE LORD BISHOP OF HEREFORD
MR. C. W. R. CHANDLER
MRS. A. KIMBELL
REV. PREB. J. W. LEWIS

MRS. P. A. LUSHINGTON
MR. R. G. RUSCOE
REV. E. G. T. SIMEY
MISS S. M. WARD
MRS. E. WILLIAMSON
(1 vacancy)

SPECIAL SERVICES SUB-COMMITTEE OF THE HEREFORDSHIRE EDUCATION COMMITTEE

(As at 31st December, 1953)

MISS S. G. DUNNE

(Chairman)

MISS K. E. ATTENBOROUGH
MRS. A. M. BARNEBY
MR. F. R. W. BLACKLER
MR. W. J. BRAY
MR. D. W. HAMLEN-WILLIAMS

MRS. P. A. LUSHINGTON
MRS. A. J. PASKE
MR. H. T. PATRICK
MRS. M. WALLIS
MR. R. C. WILDING
(3 vacancies)

Annual Report of the Principal School Medical Officer

MR. CHAIRMAN, LADIES AND GENTLEMEN,

For the seventh year I have the honour to present the annual report on the School Health Services in Herefordshire.

The year has been one of steady progress and it can now be seen how the changes introduced as a result of the Education Act, 1944, and the National Health Service Act, 1946, have led to an improved service to the school child. There is now closer liaison between the School Health Services, family doctor and consultant services, than there was before the introduction of this new legislation. On looking back, it does seem that some of our problems were due to lack of information passing between the parties concerned with the health of the school child, and, in the future, we must see that the present smooth running is maintained.

The School Health Service and Handicapped Pupils Regulations, 1953, gave the authority the opportunity to re-arrange the age groups for the routine medical inspections and in the new year children will be inspected during the first year in a secondary school instead of during their last year at a primary school. The change will be much appreciated by the head teachers of the secondary schools.

Greater use has been made of the Medical Rooms in the larger schools; the accommodation varies, but some include provision of facilities for routine medical inspections, treatment of minor ailments by the Health Visitor, routine dental inspections and treatment, cleanliness inspection by the Health Visitor and arrangements so that adolescent girls can use the Medical Room as a rest room. It is hoped that all new schools will include Medical Rooms.

Ministry of Education Circular 265/1953 drew the attention of the authority to the problem of delinquent children who are also educationally sub-normal. In the past headteachers of residential special schools have shown a reluctance to accept children who have been before the Court. It is hoped that in the future it will be just those children who will be selected as priority cases, since if they are not suitably educated and cared for, they tend to give rise to even greater social problems in later life.

The development of the child guidance service has been slower than was anticipated. The rate of expansion has been limited by lack of availability of trained psychiatric social workers. As a temporary measure, arrangements are being made for the secondment of a Health Visitor, with special interest in the work, for part-time service with the Child Guidance Centre. This experiment will be watched with interest, since it is clearly uneconomical to use persons highly qualified in other work to carry out duties of a psychiatric social worker.

The demand for speech therapy has increased and the appointment of an additional speech therapist would go a long way towards cutting down the waiting list to a workable length.

It is hoped that a residential special school for delicate children of primary school age will be opened at the "Uplands", Folly Lane, Hereford, early in the new year. Since the closure of the open air wing at Nieuport Sanatorium several years ago, it has been difficult to find adequate accommodation for the delicate child. The opening of this new school will meet a long-felt want. The following types of children will be eligible for admission.

- (1) Children suffering from malnutrition, rickets and anaemia.
- (2) Delicate children living in the same house as a case of Pulmonary Tuberculosis with a positive sputum.
- (3) Children convalescing from certain debilitating diseases such as pneumonia and, where certified as free from infection, from measles and whooping cough.
- (4) Children convalescing after operations, such as for tonsils and adenoids.
- (5) Children suffering from blepharitis and other chronic non-infectious eye conditions, where existing home conditions prejudice speedy recovery.
- (6) Children suffering from slight postural defects such as flat feet and kyphosis.
- (7) Certain children suffering from bronchitis or possibly asthma.

Once more I wish to record my appreciation of the help and co-operation I have received during the year from the Director of Education, Head Teachers, and the professional and clerical staff of the department.

COUNTY HEALTH DEPARTMENT,
35, BRIDGE STREET, HEREFORD.
February, 1954.

Yours faithfully,

J. S. COOKSON,
Principal School Medical Officer.

STAFF

Principal School Medical Officer—

J. S. COOKSON, M.A., M.D., D.P.H., Barrister at Law.

School Medical Officers—

*W. HOGG, M.B., B.S., D.P.H.

*R. T. THOMSON, M.B., CH.B., D.P.H.

H. S. K. SAINSBURY, M.R.C.S., L.R.C.P. (Resigned 30/9/53).

VIOLET L. DE A. HICKSON, M.R.C.S., L.R.C.P., D.P.H.

*I. F. MACKENZIE, M.D., D.P.H.

J. G. HUNT, M.B.B.S., M.M.S.A. (appointed 5/10/53).

* Also District Medical Officer of Health.

Principal School Dental Officer—

O. S. BENNETT, L.D.S.

School Dental Officers—

L. H. CHALLENGER, L.D.S.

MISS J. ROTHERA, L.D.S.

MRS. M. A. SAINSBURY, L.D.S. (Resigned 30/9/53).

Dental Attendants—

MISS K. E. WALKER.

MRS. B. G. M. DAVIES.

MISS O. L. KIRTON.

MRS. D. D. HERBERT.

Educational Psychologist—

H. J. F. TAYLOR, M.A.

Speech Therapist—

MISS J. A. GOODMAN, L.C.S.T.

Superintendent Nursing Officer—

MISS E. O. ROBERTS, S.R.N., S.C.M., H.V., M.T.D.

There are two Assistants and one Deputy Superintendent Nursing Officer.

School Nurses—

The establishment of sixty Nurses in the County carry out the School Nursing in addition to their other duties, also, there is an establishment of thirteen full-time Health Visitors who devote half of their time to School Nursing duties, principally in the urban areas.

MEDICAL INSPECTION

MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

Number of Schools	.....	.....	.....	.....	.....	.....	.....	177
Number of Pupils	.....	.....	.....	.....	.....	.....	.....	17,794

(A) Periodic Medical Examinations—

Primary.	Entrants	.....	.....	.....	.....	.....	2,422	
	2nd Age Groups	.....	.....	.....	.....	.....	1,485	
	Other Group	.....	.....	.....	.....	.....	1,254	
	Total	—						5,161
Secondary.	Entrants	.....	.....	.....	.....	.....	376	
	3rd Age Group	.....	.....	.....	.....	.....	1,203	
	Total	—						1,579
Total Pupils examined		.....	.....	.....	.....	.....	.....	6,740

(B) Other (Non-Periodic) Examinations—

Special Examinations.	Primary	.....	.....	.....	.....	814	
	Secondary	.....	.....	.....	.....	1,247	
	Total	—					2,061
Re-Examinations.	Primary	.....	.....	.....	.....	1,346	
	Secondary	.....	.....	.....	.....	284	
	Total	—					1,630

TABLE I.—Number of Individual Pupils found at Periodic Medical Inspection to require treatment (excluding malnutrition, dental diseases and infestation with vermin).

Group	For defective vision (excluding squint)	For any other condition	Total individual pupils
PRIMARY			
Entrants	25	365	387
2nd Age Group	66	175	233
Other Group	39	160	194
Total	130	700	814
SECONDARY			
Entrants	13	37	47
3rd Age Group	63	91	148
Total	76	128	195
Grand Total	206	828	1009

GENERAL OBSERVATIONS ON DEFECTS FOUND AT MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

Tables III and IV show the defects found by the School Medical Officers to require treatment and observation amongst pupils inspected both in the routine age groups and as special examinations.

Should a child be found to require treatment, other than an ophthalmic examination, in order to maintain the harmonious relations between the School Medical Officer and the family doctor, the following principles (approved by the British Medical Association and the Society of Medical Officers of Health) are in operation:—

Where a child needs special investigation or treatment he is sent to a specialist only after prior consultation with the family doctor.

The family doctor is given the opportunity to make arrangements for the consultation or to agree—by a reply or in the absence of a reply—that appointments be made by the Principal School Medical Officer.

A copy of any special report on the child received by the Principal School Medical Officer is forwarded to the patient's own doctor.

Skin Diseases

The combined incidence, to a degree which requires immediate treatment, of the common contagious skin diseases, Ringworm (scalp and body), Scabies and Impetigo, 0.6 cases per 1,000 children examined, shows a decrease of 1.3 cases per 1,000 compared with the previous year.

Special cases with the approval of the family doctor continue to be referred to a Dermatologist at the County Hospital, Hereford.

Defective Vision

286 or 3.2% of the pupils examined were found to require treatment as compared with 3% in the previous year.

It will be seen from Table VI that spectacles were prescribed in 588 cases. 581 children are known to have received spectacles during the year.

Under arrangements made with the Supplementary Ophthalmic Services children may, subject to their parents' consent, be examined by an Ophthalmic Surgeon at either the Victoria Eye Hospital, Hereford, or clinics held at Kington, Leominster and Ross-on-Wye.

Spectacles are supplied by dispensing opticians of the parents choice.

Under the Supplementary Ophthalmic Services there is a choice of nickel frames which can be supplied, complete with lenses, free of charge to school children. If parents select a better quality frame than nickel a charge is made. Spectacle cases are issued free where the optician is satisfied that the patient has no case.

Glasses with nickel frames are repaired without cost to the parent but the parent is asked to pay towards the cost of repair or replacement of any other type. In any case where lack of care is shown a charge may be made by the Local Executive Council against the Local Education Authority.

Application forms for the replacement or repair of glasses for schoolchildren were issued on behalf of 211 school children who had lost or broken their glasses during the year.

Squint

10.0 cases per 1,000 children examined required treatment compared with 11.7 per 1,000 in 1952.

Mr. T. Stuart-Black Kelly, D.O.M.S., part time Consultant Ophthalmic Surgeon under the Hospital Services, held clinics thrice weekly at the Victoria Eye Hospital, Hereford, and twice monthly at Kington Cottage Hospital, Ledbury Cottage Hospital, Leominster & District Hospital and the Ross-on-Wye Cottage Hospital.

Where operative treatment on account of squint is advised Mr. Kelly arranges this at the Victoria Eye Hospital, Hereford.

The Orthoptist of the Birmingham Regional Hospital Board attends weekly (Fridays) when cases are measured orthoptically so that Mr. Kelly can better check whether or not to operate. After operation children are measured once more to determine the success of the operation. No children are receiving orthoptic exercises at the Hospital.

It will be seen from Table IX that during the year 108 cases are known to have received operative treatment on account of squint.

Defective Hearing

The number of children recommended for treatment was 5.7 per 1,000. This shows an increase of 3.5 per 1,000 over the previous year.

Children reported as having defective hearing are referred to the ear, nose and throat specialist at the General Hospital, Hereford, for any necessary treatment to be carried out.

If, as a result of an audiometric examination, special educational treatment is indicated, children are supplied with hearing aids where considered advantageous. 5 boys and 9 girls were classified as partially deaf pupils during the year.

Every effort is made to keep the child in a normal hearing environment and teachers are told that cases should sit in front of the class and be allowed to turn their best ear towards the teacher and be in full view of the teacher's mouth.

Ear Disease

The incidence of chronic suppurative otitis media found to require treatment was 3.5 cases per 1,000 which shows an increase of 0.1 cases per 1,000 from 1952. All cases are examined at the General Hospital, Hereford, by Mr. I. W. MacGregor and treatment is then arranged.

Adenoids and Tonsils

TABLE II.—This shows comparison between 1953, 1952 and 1951.

<i>Year</i>	<i>Children examined</i>	<i>Requiring surgical treatment</i>		<i>Requiring observation</i>	
		<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
1953	8801	207	2.4	621	7.1
1952	7855	179	2.3	486	6.2
1951	8789	190	2.2	657	7.5

Throughout the year the practice of referring cases to the ear, nose and throat specialist at the General Hospital, Hereford, has continued, or, if the parents prefer, to the hospital nearest their home.

Owing to the shortage of in-patient accommodation at the Hereford Hospitals, the arrangements whereby children can be treated by the same surgeon at the Ledbury Cottage Hospital have been continued. Where parents are agreeable, children are conveyed by ambulance from Hereford to the hospital and direct to their homes on discharge.

Orthopædic

(a) *Posture*—The incidence of children suffering from postural defects which required treatment was 2.7 per 1,000 of those examined during the year, as compared with 6.7 per 1,000 in 1952.

(b) *Flat Foot*—The incidence rate for children suffering from flat foot and recommended for treatment was 8.9 per 1,000 as compared with 20.6 per 1,000 during 1952.

Children found by School Medical Officers to require treatment are referred to the After-Care Superintendent at the Robert Jones and Agnes Hunt Orthopædic Hospital, Oswestry, who arranges for them to be seen by an Orthopædic Specialist at any of the following clinics:—Hereford, Ledbury, Leominster, Ludlow or Craven Arms. Urgent cases are referred to Mr. F. Brian Thomas, F.R.C.S., Orthopædic Specialist at the County Hospital, Hereford.

INFESTATION WITH VERMIN

The situation regarding cleanliness of school children remains very much the same. The method adopted for examination and control of infestation was carried out on the same lines as commenced in 1949, namely the "concentration" method by which children are inspected once early in each term unless found to require further attention.

In the County area exclusion is for three days and instruction given by the Health Visitor for home treatment.

In the City area exclusion is for three days, but the parent is notified to take the child to the Clinic where treatment is carried out.

Average number of visits per school made by Nurses during the year	.....	.....	6.7
Total number of examinations in the Schools by the School Nurses or other authorised persons	.....	.....	48,666
Total number of individual pupils found to be infested	.....	.....	680
Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	.....	.....	Nil
Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	.....	.....	Nil

**TABLE III.—PERIODIC MEDICAL EXAMINATIONS OF CHILDREN ATTENDING
MAINTAINED PRIMARY AND SECONDARY SCHOOLS**

A return of (a) Defects found to require treatment.

(b) Defects requiring to be kept under observation but not requiring specific medical treatment.

<i>Defect or Disease</i>	<i>Number of Defects requiring treatment</i>			<i>Number of Defects requiring observation</i>		
	<i>Primary</i>	<i>Secondary</i>	<i>Total</i>	<i>Primary</i>	<i>Secondary</i>	<i>Total</i>
Skin	70	22	92	49	11	60
Eyes (a) Vision	130	76	206	198	69	267
(b) Squint	69	3	72	43	3	46
(c) Other	44	2	46	25	3	28
Ears (a) Hearing	29	6	35	36	5	41
(b) Otitis Media	22	5	27	19	4	23
(c) Other	31	13	44	43	3	46
Nose or Throat	203	16	219	499	54	553
Speech	16	4	20	30	3	33
Cervical Glands	4	1	5	115	11	126
Heart and Circulation	5	2	7	35	10	45
Lungs	36	10	46	101	14	115
Developmental—(a) Hernia	2	4	6	10	2	12
(b) Other	7	2	9	9	4	13
Orthopædic—(a) Posture	13	7	20	122	39	161
(b) Flat Foot	46	18	64	279	76	355
(c) Other	62	15	77	200	42	242
Nervous System—(a) Epilepsy	—	—	—	4	—	4
(b) Other	16	—	16	22	1	23
Psychological—(a) Development	11	2	13	31	6	37
(b) Stability	8	2	10	42	—	42
Other	59	7	66	24	4	28

**TABLE IV.—SPECIAL EXAMINATIONS OF CHILDREN ATTENDING
MAINTAINED PRIMARY AND SECONDARY SCHOOLS**

A return of (a) Defects found to require treatment.

(b) Defects requiring to be kept under "observation" but not requiring specific medical treatment.

Defect or Disease	Number of Defects requiring treatment			Number of Defects requiring observation		
	Primary	Secondary	Total	Primary	Secondary	Total
Skin	6	5	11	3	4	7
Eyes (a) Vision	21	59	80	33	57	90
(b) Squint	9	7	16	15	1	16
(c) Other	9	9	18	6	7	13
Ears (a) Hearing	10	5	15	10	5	15
(b) Otitis Media	2	2	4	2	8	10
(c) Other	4	1	5	8	4	12
Nose or Throat	43	18	61	104	41	145
Speech	7	1	8	16	8	24
Cervical Glands	1	—	1	16	6	22
Heart and Circulation	—	4	4	7	6	13
Lungs	4	2	6	13	10	23
Developmental—(a) Hernia	1	1	2	1	—	1
(b) Other	—	—	—	3	1	4
Orthopædic—(a) Posture	2	2	4	15	23	38
(b) Flat Foot	10	4	14	31	47	78
(c) Other	6	8	14	24	38	62
Nervous System—(a) Epilepsy	1	2	3	1	1	2
(b) Other	1	2	3	2	3	5
Psychological—(a) Development	4	4	8	2	2	4
(b) Stability	—	1	1	6	3	9
Other	1	9	10	4	2	6

TABLE V.—Classification of the General Condition of Pupils inspected during the year in the Age Groups.

Age Groups	Number of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	%	No.	%	No.	%
PRIMARY							
Entrants	2422	538	22.2	1741	71.9	143	5.9
2nd Age Group	1485	437	29.4	975	65.7	73	4.9
Other Group	1254	283	22.6	896	71.4	75	6.0
Total	5161	1258	24.4	3612	70.0	291	5.6
SECONDARY							
Entrants	376	94	25.0	273	72.6	9	2.4
3rd Age Groups	1203	339	28.2	819	68.1	45	3.7
Total	1579	433	27.4	1092	69.2	54	3.4
GRAND TOTAL	6740	1691	25.1	4704	69.8	345	5.1
Total for 1952	6343	1294	20.4	4776	75.3	273	4.3

TABLE VI.—DEFECTIVE VISION AND SQUINT (excluding Eye Diseases treated as Minor Ailments).

	<i>Number of Pupils dealt with during the year</i>																	
	<i>Under the Authority's Arrangements</i>						<i>Otherwise</i>						<i>Total</i>					
	<i>Primary</i>		<i>Sec- ondary</i>		<i>Total</i>		<i>Primary</i>		<i>Sec- ondary</i>		<i>Total</i>		<i>Primary</i>		<i>Sec- ondary</i>		<i>Total</i>	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
Errors of Refraction and Squint (other than Orthoptic and Operative treatment) ..	172	182	203	297	375	479	25	39	20	33	45	72	197	221	223	330	420	551
Other Defects or Diseases of the Eyes	25	24	17	13	42	37	4	10	2	5	6	15	29	34	19	18	48	52
Total	197	206	220	310	417	516	29	49	22	38	51	87	226	255	242	348	468	603
SPECTACLES																		
Number of children for whom spectacles were:																		
(a) prescribed	85	101	136	199	221	300	14	24	11	18	25	42	99	125	147	217	246	342
*(b) obtained	92	83	128	213	220	296	14	23	11	17	25	40	106	106	139	230	245	336
Total number of attendances of pupils for treatment	240	242	284	418	524	660	30	51	22	39	52	90	270	293	306	457	576	750

* These figures include cases carried forward from 1952

TABLE VII.—TREATMENT OF DEFECTS OF NOSE AND THROAT

	<i>Number of Pupils dealt with during the year</i>																	
	<i>Under the Authority's Arrangements</i>						<i>Otherwise</i>						<i>Total</i>					
	<i>Primary</i>		<i>Sec- ondary</i>		<i>Total</i>		<i>Primary</i>		<i>Sec- ondary</i>		<i>Total</i>		<i>Primary</i>		<i>Sec- ondary</i>		<i>Total</i>	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
Received operative treatment for:																		
(a) Enlarged adenoids ..	4	5	—	1	4	6	9	2	1	3	10	5	13	7	1	4	14	11
(b) Unhealthy tonsils ..	3	4	—	—	3	4	6	6	5	4	11	10	9	10	5	4	14	14
(c) Adenoids and tonsils ..	139	97	14	10	153	107	60	81	3	4	63	85	199	178	17	14	216	192
(d) Other nose and throat conditions	1	—	2	1	3	1	4	2	3	4	7	6	5	2	5	5	10	7
Received other forms of treatment	12	10	7	3	19	13	62	66	31	31	93	97	74	76	38	34	112	110
TOTAL	159	116	23	15	182	131	141	157	43	46	184	203	300	273	66	61	366	334

TABLE VIII.—TREATMENT OF EAR DEFECTS

In addition to the number of Ear Defects shown in Table X as having received treatment as Minor Ailments, 18 children were admitted to Hospital for treatment on account of the following defects.

	<i>Primary</i>		<i>Secondary</i>		<i>Total</i>	
	B.	G.	B.	G.	B.	G.
<i>Under the Authority's arrangements—</i>	—	—	—	—	—	—
<i>Otherwise—</i>						
Mastoid.. .. .	1	—	3	3	4	3
Otitis Media	3	3	1	—	4	3
Miscellaenous	2	—	1	1	3	1
TOTAL	6	3	5	4	11	7

TABLE IX.—OPERATIVE TREATMENT FOR SQUINT

During the year it is known that the undermentioned children received operations on account of squint. Cases mentioned in this Table have not been included in the Table dealing with Defective Vision and Squint.

	<i>Primary</i>		<i>Secondary</i>		<i>Total</i>	
	B.	G.	B.	G.	B.	G.
Under the Authority's arrangements ..	14	17	2	12	16	29
Otherwise	26	25	6	6	32	31
TOTAL	40	42	8	18	48	60

MINOR AILMENT CLINICS

Throughout the County there are five Minor Ailment Clinics which are situated at the following addresses (details are also given as to times of opening):—

HEREFORD	Town Hall Annexe, St. Owen Street, Hereford. Monday to Saturday, 10 a.m.—12 noon. Medical Officer attends on Monday and Thursday each week.
HUNDERTON	Belmont and Hunderton Community Centre, Belmont Road, Hereford. Tuesdays and Fridays, 10 a.m.—12 noon (during school term). Medical Officer attends on Tuesday each week.
KINGSTONE	Kingstone Camp, Clehonger, Hereford. Tuesday and Friday, 10 a.m.—11 a.m. (during school term). Medical Officer attends on Tuesday each week.
LEOMINSTER	Hospital Hut, Leominster and District Hospital, Leominster. Monday and Friday, 10 a.m.—11 a.m. (during school term). Medical Officer attends on Friday each week.
ROSS-ON-WYE	Chepstow House, Ross-on-Wye. Monday and Thursday, 10 a.m.—11 a.m. (during school term). Medical Officer attends on Monday each week.

On the 21st April, 1953, a Minor Ailments Clinic was opened at the Belmont and Hunderton Community Centre, Belmont Road, Hereford, for the benefit of children living on the south side of the River Wye.

The Ross-on-Wye Minor Ailments Clinic was transferred to Chepstow House from the Old Drill Hall on the 17th August.

From the middle of the summer term a Health Visitor has visited St. Martins School, Hereford, and the Secondary Modern School, Ross-on-Wye, each Wednesday morning to deal with minor ailments, and these schools have been provided with the necessary special equipment.

TABLE X.—TREATMENT OF MINOR AILMENTS

<i>Type of Defect</i>	<i>Number of defects treated, or under treatment during the year</i>		
	<i>At Authority's Minor Ailment Clinics</i>	<i>Other- wise</i>	<i>Total</i>
SKIN—			
Ringworm—			
(1) Scalp	2	—	2
(2) Body	12	1	13
Scabies	4	3	7
Impetigo	100	2	102
Other Skin Diseases ..	79	67	146
EYE DISEASE—			
(External and other, but ex- cluding errors of refraction, squint and cases admitted to Hospital)	115	9	124
EAR DEFECTS—			
(Excluding treatment in Hos- pital)	115	97	212
MISCELLANEOUS—			
(Minor injuries, bruises, sores, chilblains, etc.	2186	880	3066
TOTAL	2613	1059	3672

Total number of attendances at Authority's Minor Ailment Clinics 4,796

DIPHTHERIA IMMUNISATION

Diphtheria Immunisation is offered at the school medical inspections on the child first commencing attendance at school at five years of age, either a full course of two or three injections, or a single reinforcing injection when the child has been immunised in infancy. This service is again offered when the child reaches nine years of age.

During the year 1953, diphtheria immunisation sessions were held at school medical inspections in 168 maintained and 5 private schools in the area of the Local Education Authority. Notices regarding this service, embodying form of consent, were forwarded to the parents of 3,727 children in the age groups of 5 and 9, and treatment at the school was accepted in respect of 2,835 children, an acceptance rate of 76%. Of these, 439 children had not been previously immunised in infancy and were given the full course of 2 or 3 injections, and 2,396 children were given a single reinforcing injection. In addition, 50 primary and 144 reinforcing injections were administered to children of school age by general medical practitioners and at minor ailments clinics and infant welfare centres.

The effectiveness of the scheme is shown by the fact that during 1953 no cases of diphtheria were notified in the area of the Local Education Authority.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

With the steady increase in the number of pupils on the register of Maintained Primary and Secondary Schools within the County an addition to the existing approved dental establishment is becoming necessary if deterioration of the School Dental Service is to be avoided.

After the end of hostilities in 1945, a significant decrease in the incidence of dental decay was observed. The post-war years unfortunately have shown a reverse in this desirable trend. A certain significance attaches hereto in view of a recent statement that the sweet consumption per head of population in Britain is now higher than that of any other European or Scandinavian country.

Control of dental caries by the use of fluorine has engaged the attention of dentists for the past decade. Considerable interest was created by the report of the United Kingdom Mission published during the year on "The Fluoridation of Domestic Water Supplies in North America as a Means of Controlling Dental Caries." The Mission is of the opinion that consideration should be given to the fluoridation of domestic water supplies in small selected areas of this country, and the results carefully assessed before embarking on a scheme of general fluoridation.

The purchase of Chepstow House, Ross-on-Wye, has enabled the practice of dental surgery to be done under considerably improved conditions in this particular area of the county. The two mobile units continue to be very satisfactory, and it may not be out of place to record a more widespread use of mobile surgeries both for rural and urban work.

There will always be a few children suffering from certain physical defects for whom treatment in a dental surgery would involve an unjustifiable hazard. Such children have continued to be treated by a Senior Hospital Dental Officer of the Birmingham Regional Hospital Board at the County Hospital, Hereford, where medical facilities and supervision are an advantage to these patients.

Facilities for dental radiographic examination have been afforded by the County Hospital, Hereford, and the General Hospital, Hereford. The dental staff do not find many children who require X-ray investigation.

Details of dental inspection and treatment of children attending special and independent schools are shown later in the report.

The number of pupils inspected by the Authority's Dental Officers during the year totalled 17,914, and of this number 8,648 were referred for treatment. The number of children who attended for treatment was 5,083, which includes a total of 691 children who sought treatment for emergency conditions at casual clinics. The acceptance rate has fallen to 59%.

The tabulated data given below shows 3,853 fillings were inserted in permanent teeth, and 29 fillings in deciduous teeth. A total of 803 permanent teeth and 5,765 deciduous teeth were extracted. The administration of general anaesthetics has increased from the figure of 146 in the year 1950 to 650 for the year under review. A total of 437 other operations were performed comprising temporary fillings, pulp treatments, dressings, gum treatments, scalings and impressions. Partial dentures were inserted for 11 children to restore appearance and masticatory function impaired by accidental loss of teeth or those lost by gross decay. A certain amount of specialised treatment was performed comprising the fitting of 17 orthodontic appliances.

TABLE XI.—DENTAL INSPECTION AND TREATMENT OF CHILDREN ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

Number of pupils inspected by the Authority's Dental Officers:—

(a) Periodic age groups	.....	.....	.....	.....	.....	.....	17,233
(b) Specials	.....	.....	.....	.....	.....	.....	691
TOTAL	.....	.....	.....	.....	.....	.....	17,914
Number found to require treatment	.....	.....	.....	.....	.....	.....	9,665
Number referred for treatment	.....	.....	.....	.....	.....	.....	8,648
Number actually treated	.....	.....	.....	.....	.....	.....	5,083
Attendances made by pupils for treatment	.....	.....	.....	.....	.....	.....	7,538
Half-days devoted to: Inspection	.....	.....	.....	.....	.....	.....	167 $\frac{1}{4}$
Treatment	.....	.....	.....	.....	.....	.....	1,358 $\frac{1}{4}$
TOTAL	.....	.....	.....	.....	.....	.....	1,525 $\frac{1}{2}$
Fillings:							
Permanent teeth	.....	.....	.....	.....	.....	.....	3,853
Temporary teeth	.....	.....	.....	.....	.....	.....	29
TOTAL	.....	.....	.....	.....	.....	.....	3,882
Number of teeth filled: Permanent teeth	.....	.....	.....	.....	.....	.....	3,696
Temporary teeth	.....	.....	.....	.....	.....	.....	27
TOTAL	.....	.....	.....	.....	.....	.....	3,723

Extractions :	Permanent teeth	.....	.....	.....	.....	803
	Temporary teeth	.....	.....	.....	.....	5,765
	TOTAL	.....	.....	.....	.....	6,568
Administration of general anæsthetics for extractions		.....	.....	.....	.....	650
Other operations :	Permanent teeth	.....	.....	.....	.....	420
	Temporary teeth	.....	.....	.....	.....	17
	TOTAL	.....	.....	.....	.....	437

INFECTIOUS DISEASES IN SCHOOLS

During the year no schools were closed on account of infectious disease but one was closed for a brief period on account of the prevalence of influenza. No serious outbreaks for the County in general were reported.

Absences from School notified by Head Teachers on account of Infectious or Contagious Disease

Chicken Pox	.....	.....	.....	.....	30
German Measles	.....	.....	.....	.....	45
Impetigo	.....	.....	.....	.....	1
Measles	.....	.....	.....	.....	285
Mumps	.....	.....	.....	.....	19
Scarlet Fever	.....	.....	.....	.....	13
Whooping Cough	.....	.....	.....	.....	45
Ringworm	.....	.....	.....	.....	1
TOTAL	.....	.....	.....	.....	439

HANDICAPPED PUPILS

At the end of the year there were 402 boys and 238 girls on the Handicapped Pupils Register. This is an increase of 59 children on the previous year. Particulars of these cases are given in Table XV.

During the year 101 pupils were newly ascertained as requiring education in special residential schools. 59 were admitted to Special Residential Schools and Hospital Special Schools and 45 were discharged.

At the commencement of the year 30 boys were resident at Pudleston Court School for Educationally Sub-normal Pupils. This was increased to 40 by the admission of a further 10 in February. During the year 17 were admitted and 7 discharged. There were 7 boys on the waiting list for admission at the end of the year.

During the year 2 girls were admitted to the Haughton Hall Special Residential School for Educationally Sub-normal Girls, Shifnal, Salop, and 2 were discharged. At the end of the year there were 13 girls from Herefordshire at the school and a further 15 on the waiting list for admission.

It was not possible to open the "Uplands", Folly Lane, Hereford, as a Special Residential School for Delicate Children, but it is hoped that this school will be open early in 1954. There will be accommodation for 26 boys and girls between the ages of 5 and 11. A waiting list is being prepared and at the end of the year contained the names of 12 boys and 12 girls whose parents had given their consent.

Miss E. Goodwin carried out weekly lip reading instruction classes for partially deaf children at the Child Guidance Centre, Hereford, from April until September, when unfortunately she was admitted to Hospital. Miss N. Simpson, the Principal of the Wessington Court School for Deaf Children, has kindly agreed to take these classes until Miss Goodwin is able to resume.

Two partially deaf boys were recommended for admission to a Special Residential School and their names have been added to the waiting list for admission to the new school to be opened at Needwood, Staffordshire, early in 1954.

Three maladjusted children are on the waiting lists for admission to Residential Schools and it is hoped that they will be admitted early in the new year.

TABLE XII.—CASES REPORTED TO LOCAL HEALTH AUTHORITY

During the year 7 children were reported under the provisions of Section 57(3) of the Education Act, 1944, as being incapable of receiving education at school and 17 were reported under Section 57(5) as requiring supervision after leaving school.

	<i>Primary</i>		<i>Secondary</i>		<i>Total</i>	
	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>
Reported under Section:						
57 (3)	3	3	—	1	3	4
57 (5)	—	—	8	9	8	9
TOTAL	3	3	8	10	11	13

REPORT ON THE CHILD GUIDANCE CENTRE

The following report is submitted by Dr. J. D. Richardson, Consultant Psychiatrist to the Centre.

The centre has continued to function actively throughout the year, and with the exception of the expected periodic lulls at holiday times, attendance has been quite well sustained, which suggests that it is satisfying a real need in the County.

There has been no change in the child guidance team during the year and we are still unfortunately without the much needed assistance of a trained Psychiatric Social Worker to complete the trio of Psychiatrist, Psychologist and Psychiatric Social Worker. Although arrangements are being made for a Health Visitor to work at the centre, and undertake home visits and to a limited extent social case taking with parents under the direction of the Psychiatrist, it cannot be too strongly stressed that this is not regarded as a permanent arrangement, and should not be allowed to postpone further attempts to engage the services of a trained worker as soon as possible. In particular it is impossible to establish a proper therapeutic relationship with children under treatment when the psychiatrist is obliged to attempt to fulfil the dual role of psychiatric social worker and therapist at the same time.

The following table shows the number of referrals in the three significant age groups, broken up into the various sources from which they have been referred to the centre. In considering these figures it should be borne in mind that the great majority of the cases seen by the Psychiatrist have been initially examined and tested by Mr. H. J. F. Taylor, the Educational Psychologist, and referred by him for psychiatric examination and treatment on account of the presence, or suspicion of some serious emotional disturbance. It should be explained that in his work the Educational Psychologist sees a great number of cases in which the presenting problem is primarily educational and does not call for psychiatric assistance. Part of his role, therefore, is to act in a screening capacity in sorting out cases which require psychiatric assessment. For the above reason it will be understood why a separate heading for referrals by the Educational Psychologist does not figure in the table.

TABLE XIII. — CASES REFERRED FOR PSYCHIATRIC OPINION

<i>Referred by</i>	<i>Under 5</i>	<i>5 to 11</i>	<i>11 and over</i>	<i>Total</i>
Children's Officer ..	—	5	2	7
Education Department	—	14	6	20
General Practitioners	1	11	4	16
Health Visitors.. ..	1	1	—	2
Juvenile Court	—	—	1	1
Paediatrician	1	9	3	13
Other Specialists	1	6	1	8
Parents	1	4	—	5
Probation Officer ..	—	1	—	1
School Health Service..	1	11	6	18
Special School	—	—	1	1
TOTAL	6	62	24	92
Percentage	6.5	67.5	26.0	

It will be noted that the major sources appear under the following headings: (1) Education Department. (2) School Health Service. (3) General Practitioners. (4) Paediatrician. The main item of interest in comparison with the previous annual figures is not only an appreciable increase in the number referred by the Paediatrician, but the striking increase in the number referred by General Practitioners (from nil to 16). This is doubtless explained by the fact that the General Practitioners in the area were specially notified about the centre at the beginning of last year, and their immediate response to the facilities offered by the centre is very gratifying indeed, particularly as the majority of their cases have proved to be genuinely in need of psychiatric help.

It was naturally anticipated that the great bulk of referrals would fall in the early school age group between 5 and 11 years, i.e., 62 cases or 67.5% of all referrals. What is surprising, however, is the very small number of referrals from any source in the pre-school age group, i.e., only 6 cases or 6.5 of the total. It is interesting to note that only one of these cases was referred by a General Practitioner as it had been anticipated that an increase in referrals from that source would include a higher proportion of pre-school children.

It has become apparent that sensible and co-operative parents who have the child's interests genuinely at heart will make an effort to attend despite any possible hardship in the form of transport difficulties, etc., which may be present. There are, naturally of course, in the case of some otherwise quite reasonable parents, emotional factors which make it impossible for them to acknowledge any imperfection in the handling of the child parent relationship, and consequently an inability to see the need for attendance. In other cases resentment is projected against some agency outside the home, such as the school, or the medical services, in an attempt to rationalise the child's difficulties as being in no way attributable to parental mishandling. By this means the child's illness is given a measure of comparative respectability, and the parents largely absolve themselves from responsibility for his condition. Although the children concerned in both the above classical examples of parental lack of co-operation may be none-the-less in need of help, nevertheless it has been found necessary to regard many cases of this nature as "Closed" after repeated attempts to make further appointments have failed.

The number of cases which are on the list for priority play therapy is now so extensive that it would appear desirable for an additional weekly psychiatric session to be arranged in the near future. This would allow a shorter time interval between treatment sessions and hence the establishment of a more continuous and effective therapeutic relationship.

PUPILS WITH SPEECH DEFECTS

During the year arrangements were made for Miss J. A. Goodman, L.C.S.T., the Speech Therapist, to hold weekly sessions in Bromyard and Ledbury for the benefit of children living in those areas, and clinics are now held at the following centres:

BROMYARD	.....	.....	Dumbleton Hall, Bromyard.	Wednesdays 1.30 p.m. to 4 p.m.
HEREFORD	.....	.....	Child Guidance Centre, Union St. Hereford.	Mondays 9.30 a.m. to 12 noon. Tuesdays 9.30 a.m. to 5 p.m. Thursdays 9.30 a.m. to 5 p.m.
LEDBURY	.....	.....	The Deanery, Ledbury.	Mondays 1.45 p.m. to 4.30 p.m.
LEOMINSTER	.....	.....	Hospital Hut, Leominster & District Hospital, Leominster.	Wednesdays 9.45 a.m. to 11.30 a.m.
ROSS-ON-WYE	.....	.....	Chepstow House, Ross-on-Wye.	Fridays 9.45 a.m. to 4 p.m.

Pudleston Court Special Residential School is visited weekly and two of the pupils are receiving speech therapy training. In addition permission has been given for the Speech Therapist to visit the homes of two children who are unable, on account of their physical condition, to attend the nearest clinic.

Out of the total number of cases admitted to the Speech Clinic during the past year, three are now undergoing treatment by Dr. Richardson, the Consulting Psychiatrist, and fifteen children have been referred to Mr. Taylor, the Educational Psychologist, for intelligence tests which have greatly facilitated diagnosis and treatment. Four children with suspected partial deafness were referred for hearing tests to the General Hospital, Hereford.

It will be seen from Table XV that on December 31st there were 138 children on the Handicapped Pupils Register classified as suffering from "Speech Defect", one of which was attending a Special Residential School. 71 were attending the various speech therapy clinics at the end of the year and 35 were on the waiting list for treatment. The remainder have been removed from the list on account of the non-co-operation of the parents.

It is estimated that a school population of about ten thousand justifies the appointment of a whole-time Speech Therapist and in view of the waiting list for this very important service it is hoped that a second Speech Therapist will be appointed during 1954.

TABLE XIV.—SPEECH THERAPY

Cases in attendance at beginning of year	.....	53
Cases admitted before end of year	.....	76
Cases examined but found not to require treatment	.....	3
Cases showing improvement, but not discharged as cured	.....	35
Cases temporarily discharged before cure to resume treatment later on	.....	6
Cases cured	.....	14
Cases ceasing attendance before cure or discharge	.....	38
Cases in attendance at the end of the year	.....	71
Total number of attendances	.....	1,769
Number of children on waiting list at end of year	.....	35

CLINICAL ANALYSIS OF CASES TREATED BY MISS GOODMAN

Number of children suffering from :—

(a) Psychological or Psysiological Defects—

(1) Stammer	.....	35
(2) Other	.....	3

(b) Voice Defects—

(1) Aphonia (complete or intermittent total loss of voice)	.....	Nil
(2) Dysphonia (complete or intermittent partial loss of voice)	.....	Nil

(c) Defects of Articulation—

(1) Simple Dyslalia (one sound or group of sounds defective)	.....	6
(2) Multiple Dyslalia (more than one sound or group of sounds defective)	.....	62
(3) Alalia (complete lack or retardation of language development)	.....	2
(4) Rhinolalia (Nasal or Anasal Speech)		
(i) Open type (cleft palate, etc.)	.....	4
(ii) Closed type (nasal obstruction)	.....	Nil

(d) Language Defects	.....	Nil
(e) Aphasia	.....	1
(f) Defects due to abnormality of Special Senses	.....	4
(g) Probable Mental Retardation		9
(h) Multiple Types of Defects		3

TOTAL CASES		129
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TABLE XV.—HANDICAPPED PUPILS

The number of Pupils ascertained is given in the following Table which shows the position on 31st December, 1953

<i>Category</i>				<i>In Special Schools</i>		<i>In Maintained Schools</i>		<i>In Independent Schools</i>		<i>Not at School</i>		<i>Total</i>	
				<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>
(a) BLIND—													
2-5 years	..	..		—	—	—	—	—	—	—	—	—	—
5-10 years	..	..		1	2	1	—	—	—	—	—	2	2
11-15 years	..	..		2	—	—	—	—	—	—	—	2	—
Over 15 ..	..	..		1	—	—	—	—	—	—	—	1	—
(b) PARTIALLY SIGHTED—													
2-5 years	..	..		—	—	—	—	—	—	1	—	1	—
5-10 years	..	..		—	—	3	1	—	1	—	—	3	2
11-15 years	..	..		1	1	1	—	—	—	—	—	2	1
Over 15 ..	..	..		—	—	—	—	—	—	—	—	—	—
(c) DEAF—													
2-5 years	..	..		—	—	—	—	—	—	—	—	—	—
5-10 years	..	..		3	2	—	—	—	—	—	—	3	2
11-15 years	..	..		3	3	—	—	—	—	—	—	3	3
Over 15 ..	..	..		—	—	—	—	—	—	—	—	—	—
(d) PARTIALLY DEAF—													
2-5 years	..	..		—	—	—	—	—	—	—	—	—	—
5-10 years	..	..		1	—	9	5	—	—	—	1	10	6
11-15 years	..	..		—	2	9	8	—	—	—	—	9	10
Over 15 ..	..	..		—	—	—	—	—	—	—	—	—	—
(e) EDUCATIONALLY SUB-NORMAL—													
2-5 years	..	..		—	—	—	—	—	—	—	2	—	2
5-10 years	..	..		2	2	25	15	1	—	7	1	35	18
11-15 years	..	..		33	10	76	60	—	—	2	—	111	70
Over 15 ..	..	..		—	—	—	—	—	—	—	—	—	—

TABLE XV.—*Continued.*

Category				<i>In Special Schools</i>		<i>In Maintained Schools</i>		<i>In Independent Schools</i>		<i>Not at School</i>		<i>Total</i>	
				<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>
(f) EPILEPTIC—	2-5 years	..	..	—	1	—	—	—	—	—	—	—	1
	5-10 years	..	..	—	—	1	—	—	—	—	—	1	—
	11-15 years	..	..	1	1	1	3	—	—	—	—	2	4
	Over 15 ..	..	..	—	—	—	—	—	—	—	—	—	—
(g) MALADJUSTED—	2-5 years	..	..	—	—	—	—	—	—	1	—	1	—
	5-10 years	..	..	—	—	4	2	—	—	—	—	4	2
	11-15 years	..	..	3	—	6	1	1	—	—	—	10	1
	Over 15..	..	..	—	—	—	—	—	—	—	—	—	—
(h) PHYSICALLY HANDICAPPED	2-5 years	..	..	—	1	—	—	—	—	1	—	1	1
	5-10 years	..	..	4	—	2	6	—	—	2	3	8	9
	11-15 years	..	..	3	5	9	6	1	—	1	2	14	13
	Over 15 ..	..	..	—	—	—	—	—	—	—	—	—	—
(i) SPEECH DEFECTS—	2-5 years	..	..	—	—	—	—	—	—	8	1	8	1
	5-10 years	..	..	—	—	59	24	3	—	3	1	65	25
	11-15 years	..	..	1	—	31	6	—	—	—	—	32	6
	Over 15 ..	..	..	—	—	1	—	1	—	—	—	2	—
(j) DELICATE—	2-5 years	..	..	—	—	—	—	—	—	—	3	—	3
	5-10 years	..	..	1	5	31	20	—	1	1	1	33	27
	11-15 years	..	..	1	2	6	7	—	—	—	—	7	9
	Over 15 ..	..	..	—	—	—	—	—	—	—	—	—	—
(k) MULTIPLE DEFECTS—	2-5 years	..	..	—	—	—	—	—	—	—	—	—	—
	5-10 years	..	..	4	—	14	6	—	—	—	3	18	9
	11-15 years	..	..	4	6	9	4	—	1	—	—	13	11
	Over 15 ..	..	..	1	—	—	—	—	—	—	—	1	—

TABLE XVI

The Special Schools and the number of Boys and Girls from the County in each, are shown hereunder.

	<i>January</i> 1st, 1953		<i>Admitted</i> <i>during year</i>		<i>Discharged</i> <i>during year</i>		<i>December</i> 31st, 1953	
	B.	G.	B.	G.	B.	G.	B.	G.
BLIND PUPILS—								
Birmingham Royal Institution for the Blind, Court Oak Road, Harbourne, Birmingham, 17	4	1	—	1	1	—	3	2
Sunshine House, Court Grange, Abbot-skerswell, Devon	1	—	—	—	—	—	1	—
PARTIALLY SIGHTED PUPILS—								
Birmingham Royal Institution for the Blind, Court Oak Road, Harbourne, Birmingham, 17	—	1	—	—	—	—	—	1
Exhall Grange Special School, Warwick	1	—	—	—	—	—	1	—
DEAF PUPILS—								
Royal School for Deaf, Edgbaston, Birmingham, 15	2	2	—	—	—	—	2	2
Thomasson Memorial Special School, Devonshire Road, Bolton, Lancs. ..	2	—	—	—	—	—	2	—
Donnington Lodge Residential Nursery School for Deaf, near Newbury, Berks.	1	1	—	—	—	1	1	—
*School for Deaf Children, Wessington Court, Woolhope	1	1	—	—	—	—	1	1
St. Thomas's School for Deaf Children, Darlington Road, Basingstoke, Hants.	—	—	—	1	—	—	—	1
Royal Residential Schools for the Deaf, Old Trafford, Manchester, 16	—	—	—	1	—	—	—	1
PARTIALLY DEAF PUPILS—								
Liverpool School for the Partially Deaf, Birkdale, Southport, Lancs.	—	2	—	—	—	—	—	2
Llandrindod Wells Residential School, Llandrindod Wells, Rads.	—	1	—	—	—	1	—	—
Tewin Water School, Nr. Welwyn, Herts.	—	—	1	—	—	—	1	—
DELICATE PUPILS—								
St. Patrick's Open-Air School, Hayling Island, Hants.	—	3	—	2	—	2	—	3
St. Catherine's Home, Ventnor, Isle of Wight	—	—	3	—	3	—	—	—
Hamilton House School of Recovery, Seaford, Sussex	—	—	1	—	—	—	1	—
Laleham School, Northdown Park Road, Margate	—	1	—	—	—	1	—	—
St. Vincent's Open Air School, St. Saviour's Road, St. Leonards-on-Sea ..	—	2	—	1	—	—	—	3
Dedisham Convalescent Nursery School, Slinfold, Sussex	—	1	—	—	—	1	—	—
Frodsham Hostel for Diabetic Children, Frodsham, Cheshire	—	1	—	—	—	—	—	1
St. John's Open Air School, Woodford Bridge, Essex	—	—	1	—	—	—	1	—

TABLE XVI.—*Continued.*

	<i>January 1st, 1953</i>		<i>Admitted during year</i>		<i>Discharged during year</i>		<i>December 31st, 1953</i>	
	B.	G.	B.	G.	B.	G.	B.	G.
EDUCATIONALLY SUB-NORMAL PUPILS—								
Nazareth House Home for R.C. Boys, Stoke Bishop, Bristol (Day School) ..	1	—	—	—	1	—	—	—
*Staple Hill House, Wellesbourne, Warwick	1	—	—	—	—	—	1	—
Haughton Hall Residential School, Shifnal, Shropshire	—	10	—	2	—	2	—	10
Pudleston Court Special School, near Leominster	22	—	15	—	4	—	33	—
Petton Hall Residential School, Burlton, Salop	1	—	—	—	1	—	—	—
Coln House Special School, Fairford, Glos.	—	1	—	—	—	—	—	1
*St. Christopher's School, Kenwith Lodge, Westbury Park, Bristol, 6	—	—	1	1	—	—	1	1
EPILEPTIC PUPILS—								
Lingfield Epileptic Colony, Lingfield, Surrey	—	1	—	—	—	—	—	1
Soss Moss Special School for Epileptic Pupils, Chelford, Manchester	1	—	1	—	1	—	1	—
St. Faith's Hospital, London Road, Brent- wood, Essex	—	—	—	1	—	—	—	1
MALADJUSTED PUPILS—								
*Walton Elm, Marnhull, Sturminster Newton, Dorset	1	—	—	—	—	—	1	—
Bodenham Manor School, near Hereford ..	1	—	—	—	—	—	1	—
Red Hill School, East Sutton, near Maid- stone, Kent	1	—	—	—	1	—	—	—
Besford Court R.C. School, Worcester ..	1	—	—	—	—	—	1	—
PHYSICALLY HANDICAPPED PUPILS—								
Bethesda House Special School, Salford, Lancs.	1	—	—	—	—	—	1	—
Robert Jones and Agnes Hunt Orthopædic Hospital, Oswestry	5	—	14	8	14	7	5	1
Burton Hill House School, Malmesbury, Wilts.	—	2	—	—	—	—	—	2
Baskerville Residential School, Court Oak Road, Harbourne, Birmingham, 17 ..	—	1	—	—	—	1	—	—
Halliwick Cripples' School, Bush Hill Road, Winchmore Hill, N.21	—	1	—	—	—	—	—	1
The Palace School, Ely, Cambs.	—	1	—	—	—	—	—	1
Rob Roy School, Barleythorpe Hall, Oakham, Rutland	—	1	—	—	—	—	—	1
Derwen Cripples' Training College, Oswestry	—	—	1	—	—	—	1	—

TABLE XVI.—*Continued.*

	January 1st, 1953		Admitted during year		Discharged during year		December 31st, 1953	
	B.	G.	B.	G.	B.	G.	B.	G.
PUPILS SUFFERING FROM SPEECH DEFECT— Moor House School, Hurst Green, Oxted Surrey	1	—	—	—	—	—	1	—
PUPILS SUFFERING FROM MULTIPLE DEFECTS— Pudleston Court Special School, near Leominster	6	—	2	—	3	—	5	—
Derwen Cripples' Training College, Oswestry	1	—	—	—	—	—	1	—
Haughton Hall Residential School, Shifnal, Shropshire	—	3	—	—	—	—	—	3
Lea House Diabetic School, Ox Lane, Harpenden, Herts.	—	1	—	—	—	—	—	1
Exhall Grange Special School, Warwick	1	1	—	—	—	—	1	1
Condover Hall School, Nr. Shrewsbury ..	1	—	—	—	—	—	1	—
St. Cuthbert's Hospital Special School, Malvern	—	1	—	—	—	—	—	1
*Thornbury House School, Thornbury, Bristol	—	—	1	—	—	—	1	—

* Independent Special Schools assisted under Section 6 of the Education (Miscellaneous Provisions) Act, 1953.

TREATMENT OF ORTHOPÆDIC AND POSTURAL DEFECTS

No. of Pupils in hospitals or hospital schools on the 1st January, 1953	5
No. admitted during the year	28
Total number treated as In-patients	33
No. discharged during the year	27
No. of Pupils in hospitals or hospital schools on the 31st December, 1953	6
No. of Pupils treated otherwise, e.g., in clinics or out-patient departments	374

EMPLOYMENT OF CHILDREN

Children of compulsory school age, employed out of school hours, are required to submit to medical examination in order to ascertain that the employment is not prejudicial to their health or physical development and does not render them unfit to obtain proper benefit from their education. During the year 52 children were examined by School Medical Officers and granted certificates.

NATIONAL SURVEY OF THE HEALTH AND DEVELOPMENT OF CHILDREN

A Joint Committee of the Institute of Child Health (University of London), the Society of Medical Officers of Health and the Population Investigation Committee, have been following the health, growth and development of about 6,000 children born between March 3rd and 9th, 1946, drawn from all social classes and from all parts of Great Britain. There are 15 of these children living in this County and these were examined by a School Medical Officer in March, 1953, on reaching the age of 7.

A continuous absence record is kept for each child at the school and the school nurses visit the homes at the beginning of each term and check the causes of school absence and obtain details of any sicknesses during the holidays from the parents.

There will be further medical examinations when the children are 9 and 11.

TUBERCULOSIS IN CHILDREN

Accommodation for tuberculous children was available at three Hospitals.

Children aged 4½—14 years with primary tuberculosis are admitted to Kyre Park Hospital, Tenbury Wells. This Hospital deals exclusively with this type of case. Children from tuberculous households who are

in danger of infection at home are cared for at the Open Air Wing, Burghill Infectious Diseases Hospital. Educational facilities are available at both these hospitals. Children with infectious post-primary tuberculosis, fortunately rather rare, are admitted to special accommodation in the Hertford Hill Sanatorium, Warwick. A number of children were discovered and had their preliminary investigation and treatment at the General or County Hospitals, Hereford.

Children with a primary tuberculous infection of only mild severity can often be successfully cared for at home, but institutional accommodation is invaluable where home conditions are for one reason or another unsatisfactory or dangerous to the child.

TABLE XVII.—HOSPITAL ADMISSIONS AND DISCHARGES

Particulars are given below of school children who were admitted and discharged from hospitals during the year, suffering from tuberculosis:—

	PRIMARY CASES				POST-PRIMARY CASES				AVERAGE STAY IN DAYS
	<i>Admitted</i>		<i>Discharged</i>		<i>Admitted</i>		<i>Discharged</i>		
	B.	G.	B.	G.	B.	G.	B.	G.	
Open Air Wing, Infectious Diseases Hospital, Burghill	4	4	5	4	—	—	—	—	181
Children's Sanatorium, Kyre Park, Tenbury Wells ..	2	2	4	4	—	—	—	—	121
Hertford Hill Sanatorium, Warwickshire	—	—	—	—	—	1	—	3	81
	6	6	9	8	—	1	—	3	

B.C.G. VACCINATION

During the year 81 children, mostly from tuberculous households, were called to the Clinic for Tuberculin testing: of these 31 were found to be negative reactors, and were vaccinated.

The 67 children vaccinated last year have been again tuberculin tested so as to ensure that their immunity has been maintained. Only two children were required to be re-vaccinated.

MASS RADIOGRAPHY

The Birmingham Mobile Unit carried out a short mass radiography survey in Hereford from the 15th to 29th June, inclusive, the Unit being accommodated at the Town Hall.

Owing to the short time spent in Hereford the number of groups examined had to be limited but arrangements were made for all pupils attending schools in Hereford city, and who were eligible to leave school during 1953 to be X-rayed unless the parents objected. 218 boys and 318 girls were examined.

Two special sessions were reserved for school teachers and 72 men and 149 women teachers were examined.

94 students attending the Training College were also X-rayed.

MEDICAL EXAMINATION OF PROSPECTIVE TEACHERS

Candidates applying for entry to training colleges, university departments of education, and approved art schools are required to submit to X-ray examination and to a medical examination by a School Medical Officer of the area in which they live in order to determine their fitness for these courses.

Arrangements are also made for teachers entering the service of the Authority to undergo a medical examination, including a X-ray test of the chest, to exclude the possibility of infection.

During the past year the following examinations were carried out by the Authority's medical staff:—

Entrants to training colleges, etc.	.....	.....	61
Teachers	.....	.....	20 (1 failed)

SPECIAL SCHOOLS

Pudleston Court Special Residential School for Educationally Sub-normal Boys is visited every term by a School Medical Officer and the Principal School Dental Officer.

Arrangements are also made for a School Medical Officer to visit Wessington Court School for Deaf Children every term to examine certain children at the request of the Local Education Authority concerned.

Bodenham Manor School is visited every term by the Principal School Dental Officer who carries out such dental treatment as may be necessary.

MEDICAL INSPECTION—

	PUDLESTON COURT	WESSINGTON COURT
Number of children examined	45	16
Number of individual pupils found to require treatment:		
For Defective Vision	—	1
For any other condition (excluding malnutrition, dental disease, and infestation with vermin)	11	2
Total individual pupils	11	3
General condition of pupils examined:		
“A” Good	28	6
“B” Fair	17	8
“C” Poor	—	2
Re-examinations	74	19

TABLE XVIII.

DEFECTS FOUND:—

The following table shows:

(a) Defects found to require treatment;

(b) Defects requiring to be kept under “observation” but not requiring specific medical treatment.

DEFECT OR DISEASE								PUDLESTON COURT				WESSINGTON COURT			
								<i>First Examinations</i>		<i>Re- Examinations</i>		<i>First Examinations</i>		<i>Re- Examinations</i>	
								<i>Treat- ment</i>	<i>Obser- vation</i>	<i>Treat- ment</i>	<i>Obser- vation</i>	<i>Treat- ment</i>	<i>Obser- vation</i>	<i>Treat- ment</i>	<i>Obser- vation</i>
Skin								2	3	1	7	1	3	—	—
Eyes (a) Vision								—	5	1	7	—	—	—	2
(b) Squint								—	—	—	—	1	—	—	1
(c) Other								2	—	1	1	—	—	—	—
Ears (a) Hearing								—	2	1	3	—	—	—	—
(b) Otitis Media								—	—	—	1	—	—	—	—
(c) Other								1	—	4	—	—	—	—	—
Nose or Throat								—	7	—	11	—	2	—	1
Speech								1	2	—	—	—	—	—	—
Cervical Glands								—	2	—	—	—	—	—	—
Heart and Circulation								—	—	—	—	1	—	—	—
Lungs								—	2	—	—	—	—	—	—
Developmental (a) Hernia								1	—	—	—	—	—	—	—
(b) Other								2	—	—	1	—	—	—	—
Orthopædic (a) Posture								1	3	—	7	1	—	—	1
(b) Flatfoot								—	3	—	1	—	—	—	1
(c) Other								1	4	—	2	—	1	—	2
Nervous System (a) Epilepsy								—	—	—	—	—	—	—	—
(b) Other								—	2	—	4	—	—	—	—
Other								1	—	—	—	2	2	—	—

MEDICAL TREATMENT

Defective Vision and Squint—

Under the Authority's arrangements:

	PUDLESTON COURT	WESSINGTON COURT
Number of Pupils treated	7	—
Number of Pupils for whom spectacles were prescribed	7	—
Number of Pupils for whom spectacles were obtained	6	—
Number of attendances for treatment	7	—

Orthopædic and Postural Defects—

Number treated as In-patients in Hospitals or Hospital

Schools	—	—
Number treated otherwise	7	2

DENTAL INSPECTION AND TREATMENT

Number of pupils inspected by the Authority's
Dental Officers:—

	PUDLESTON COURT	BODENHAM MANOR
(a) Periodic age groups	119	83
(b) Specials	—	—
TOTAL	119	83
Number found to require treatment	58	29
Number referred for treatment	58	24
Number actually treated	55	18
Attendances made by pupils for treatment	88	18
Half-days devoted to: Inspection	2	1½
Treatment	14	4½
TOTAL	16	6
Fillings. Permanent teeth	77	18
Temporary teeth	—	—
TOTAL	77	18
Number of teeth filled: Permanent teeth	73	17
Temporary teeth	—	—
TOTAL	73	17
Extractions: Permanent teeth	5	—
Temporary teeth	23	5
TOTAL	28	5
Administration of general anæsthetics for extraction	2	—
Other operations: Permanent teeth	10	—
Temporary teeth	—	—
TOTAL	10	—

INDEPENDENT SCHOOLS

MEDICAL INSPECTION

Number of Schools inspected 6

Routine Medical Examinations—

Primary Entrants	90
2nd Age Groups	13
Other Group	12
TOTAL	—

115

Secondary	Entrants	.....	.....	.....	.....	51		
	3rd Age Group	.....	.....	.....	.....	43		
	TOTAL	.....	.....	.....	.....	—	94	
TOTAL PUPILS EXAMINED							—	209

Other Examinations—

Special Examinations	Primary	.....	.....	.....	.....	4		
	Secondary	.....	.....	.....	.....	62		
	TOTAL	.....	.....	.....	.....	—	66	
Re-examinations	Primary	.....	.....	.....	.....	—		
	Secondary	.....	.....	.....	.....	2		
	TOTAL	.....	.....	.....	.....	—	2	

Number of Individual Pupils found to require treatment:

For defective vision	.....	.....	.....	.....	.....	17
For any other condition (excluding malnutrition, dental disease and infestation with vermin)	.....	.....	.....	.....	.....	7
Total individual pupils	.....	.....	.....	.....	.....	23

General condition of the Pupils examined:

					"A" (Good)	"B" (Fair)	"C" (Poor)
Number	.....	.....	.....	.....	77	129	3
Percentage	.....	.....	.....	.....	36.9	61.7	1.4

TABLE XIX.

The following table shows:—

(a) Defects found to require treatment:

(b) Defects requiring to be kept under "observation" but not requiring specific medical treatment.

DEFECT OR DISEASE						ROUTINE EXAMINATIONS		SPECIAL EXAMINATIONS	
						<i>Number of Defects requiring Treatment</i>	<i>Observation</i>	<i>Number of Defects requiring Treatment</i>	<i>Observation</i>
Skin	..	..	..	..	..	2	1	1	—
Eyes	(a)	Vision	..	..	..	17	17	4	16
	(b)	Squint	..	..	..	1	3	—	—
	(c)	Other	..	..	..	—	—	—	—
Ears	(a)	Hearing	..	..	..	—	—	—	—
	(b)	Otitis Media	..	..	..	—	—	—	—
	(c)	Other	..	..	..	—	—	—	—
Nose or Throat	..	..	..	..	..	3	24	—	3
Speech	..	..	..	..	..	—	—	—	—
Cervical Glands	..	..	..	..	..	—	4	—	—
Heart and Circulation	..	..	..	..	..	1	3	—	5
Lungs	..	..	..	..	..	—	1	1	1
Developmental	(a)	Hernia	..	..	..	—	1	—	—
	(b)	Other	..	..	..	—	—	—	—
Orthopædic	(a)	Posture	..	..	..	—	5	—	—
	(b)	Flat Foot	..	..	..	1	26	1	10
	(c)	Other	..	..	..	1	5	—	3
Nervous System	(a)	Epilepsy	..	..	..	—	—	—	—
	(b)	Other	..	..	..	1	—	—	—
Psychological	(a)	Development	..	..	..	—	7	—	—
	(b)	Stability	..	..	..	—	5	—	—
Other	..	..	..	..	..	—	—	—	—

MEDICAL TREATMENT OF DAY PUPILS

Defective Vision and Squint—

Under the Authority's arrangements:

Number of Pupils treated	6
Number of Pupils for whom spectacles were prescribed	4
Number of Pupils for whom spectacles were obtained	4
Number of attendances for treatment	6

By other arrangements:

Number of Pupils treated	14
Number of Pupils for whom spectacles were prescribed	12
Number of Pupils for whom spectacles were obtained	12
Number of attendances for treatment	14

Defects of Nose and Throat—

Under the Authority's arrangements:

Received operative treatment for tonsils	1
Received operative treatment for adenoids	1
Received operative treatment for tonsils and adenoids	2

By other arrangements:

Received operative treatment for tonsils	1
Received operative treatment for tonsils and adenoids	1
Received other forms of treatment	3

Orthopædic and Postural Defects—

Number treated as In-patients in Hospitals or Hospital Schools	5
Number treated otherwise	6

DENTAL INSPECTION AND TREATMENT—

Number of pupils inspected by the Authority's Dental Officers:

(a) Periodic age groups	408
(b) Specials	5

TOTAL 413

Number found to require treatment	116
Number referred for treatment	100
Number actually treated	46
Attendances made by pupils for treatment	110
Half-days devoted to: Inspection	4
Treatment	19½

TOTAL 23½

Fillings: Permanent teeth	99
Temporary teeth	—

TOTAL 99

Number of teeth filled: Permanent teeth	99
Temporary teeth	—

TOTAL 99

Extractions: Permanent teeth	10
Temporary teeth	12

TOTAL 22

Administration of general anæsthetics for extraction	4
Other operations: Permanent teeth	8
Temporary teeth	1

TOTAL 9

NURSERY SCHOOLS

The White Cross Nursery School is visited once each term by a School Medical Officer who examines all children. In addition a School Nurse visits the school twice weekly.

FIRST EXAMINATIONS

Number of children examined	.....	.....	.....	.....	.....	.....	.....	.....	93
Number of children referred for treatment	.....	.....	.....	.....	.....	.....	.....	.....	4
General condition of the children examined:									
“ A ” (Good)	.....	.....	.....	.....	.....	.....	.....	.....	12
“ B ” (Fair)	.....	.....	.....	.....	.....	.....	.....	.....	80
“ C ” (Poor)	.....	.....	.....	.....	.....	.....	.....	.....	1

RE-EXAMINATIONS

Number of children examined	.....	.....	.....	.....	.....	.....	.....	.....	271
Number of children referred for treatment	.....	.....	.....	.....	.....	.....	.....	.....	14

DEFECTS FOUND

TABLE XX

The following Table shows:

- (a) Defects found to require treatment.
- (b) Defects requiring to be kept under “observation” but not requiring specific medical treatment.

DEFECTS OR DISEASE						FIRST EXAMINATIONS		RE-EXAMINATIONS	
						<i>Number of Defects requiring Treatment</i>	<i>Observation</i>	<i>Number of Defects requiring Treatment</i>	<i>Observation</i>
Skin	..	..	..	..	..	1	1	1	2
Eyes	(a)	Vision	..	..	..	—	—	—	—
	(b)	Squint	..	..	..	—	2	—	1
	(c)	Other	..	..	..	1	—	1	—
Ears	(a)	Hearing	..	..	..	—	—	—	—
	(b)	Otitis Media	..	..	..	—	—	1	2
	(c)	Other	..	..	..	1	1	—	—
Nose or Throat	..	..	..	..	..	1	7	2	9
Speech	..	..	..	..	..	1	3	—	4
Cervical Glands	..	..	..	..	..	—	1	—	—
Heart and Circulation	..	..	..	..	..	—	3	1	—
Lungs	..	..	..	..	..	—	2	2	3
Developmental	(a)	Hernia	..	..	..	—	—	—	—
	(b)	Other	..	..	..	—	—	2	—
Orthopædic	(a)	Posture	..	..	..	—	—	—	—
	(b)	Flat Foot	..	..	..	—	1	—	1
	(c)	Other	..	..	..	—	5	1	7
Nervous System	(a)	Epilepsy	..	..	..	—	—	—	2
	(b)	Other	..	..	..	—	1	1	—
Psychological	(a)	Development	..	..	..	—	2	—	1
	(b)	Stability	..	..	..	—	—	—	1
Other	..	..	..	..	..	—	1	2	1

MEDICAL TREATMENT

Defects of Ear, Nose and Throat—

Under the Authority's arrangements	.....	.....	.....	.....	.....	.....	.....	.....	Nil
By other arrangements :									
Removal of adenoids	.....	.....	.....	.....	.....	.....	.....	.....	1

Orthopædic and Postural Defects—

Number treated as In-patients in Hospitals or Hospital Schools	.....	.....	.....	.....	.....	.....	.....	.....	—
Number treated otherwise	.....	.....	.....	.....	.....	.....	.....	.....	3

PHYSICAL EDUCATION

The depletion of the Organising Staff caused by the death of Mr. C. A. G. Williams and more recently by the retirement of Mrs. K. F. Williams, has resulted in less frequent visits to schools and the limited organisation of Teachers' Courses. In consequence progress in the development of physical education in the County has been adversely affected. The appointment of a Woman Organiser to commence duties at the beginning of the summer term will help to restore, to some degree, close contact with teaching staffs which is so essential to progress.

Despite necessary economies during the past year, it is pleasing to record that as a result of close co-operation with Head Teachers, the care and maintenance of physical education equipment and plimsolls have prevented any serious shortages. Fixed and portable playground apparatus designed to encourage the natural development of the individual have not yet been provided, and only in isolated instances has improvised apparatus been introduced.

In the Fifth Annual Report of the Herefordshire Schools' Sports Association, it is most encouraging to note that in almost every branch of sport, steady progress is being maintained. In athletics, there is an all-round improvement in the standards achieved at District, County and All-England levels; association football is firmly established and Inter-School games are of a higher standard than in previous years; the netball league continues to flourish and for the first time an Inter-School League has been initiated. Consideration was given during 1952, to the launching of swimming on a County basis, and despite the limited facilities there was a good response and a promising beginning was made.

The continued success of the swimming badge scheme is reflected in the increase in the number of swimmers and the all-round standard of performance.

Courses for teachers of primary children based on two new publications by the Ministry of Education entitled, "Physical Education in the Primary School", are at present being arranged. The Authority has again given every encouragement to its teachers to attend.

HOUSECRAFT INSTRUCTION

The opening of the new County Secondary School at Ross provided another school with its own housecraft room. The number of senior girls in attendance there makes necessary the continued use of the Walter Scott building in Old Gloucester Road, where the classes prepare and cook their own dinners.

The employment of a full-time teacher of housecraft and needlecraft at Broxwood Court R.C. School was approved.

The Centre at Pump Street, Bromyard, was closed permanently on 31st December, 1952, all classes being transferred to New Road C.D.S. Centre. The latter was temporarily closed during the summer term, 1952, for lack of a teacher.

At the end of 1953 there were in use four housecraft rooms at grammar schools, eight housecraft rooms at secondary modern schools, five housecraft rooms at primary schools and five independent house craft rooms.

SCHOOL BUILDINGS

1. Playgrounds

Repairs have been effected to the playgrounds at 10 County, 8 Voluntary Controlled and 25 Voluntary Aided Schools. Additional playground space has been provided at 2 County Schools.

2. Heating

New stoves and grates have been provided and repairs carried out to existing stoves and grates in 49 schools. The central heating systems at 5 schools are being improved and repairs to boilers have been carried out in 8 schools.

3. Equipment

New desks and tables (replacements) have been supplied to 45 schools.

4. General Sanitary Arrangements

The earth closets at 4 Voluntary Aided Schools have been converted into water closets and work has been commenced on the provision of water-borne sanitation at 2 County Schools.

The natural lighting, ventilation, cloakroom and washroom arrangements at 24 schools are being improved.

Drains have been overhauled and repaired in 25 schools.

Piped water supplies have been laid on, or are in the course of being laid on, to 6 schools. Attempts are being made to improve supplies at 5 other schools.

5. General

The new Infants School at Leominster and the Secondary Modern School at Ross-on-Wye were occupied as from the 27th April, 1953, and the 24th April, 1953 respectively.

The following proposals have been approved:

Bredenbury Grendon Bishop County Primary School—1-classroom Hut.

Foxley Camp—Five-class Primary School.

Kington Grammar School—1-classroom Hut.

Canon Frome Court—1-Form entry Secondary School.

Ross Grammar School—2-classroom Block.

It is hoped that the Special School for Delicate Children at "Uplands", Folly Lane, will be ready for occupation early in 1954.

10 Classrooms of the new Junior School at Hunderton are now in use.

The Ministry of Education have included the proposal for the provision of a two-form entry Grammar School for Girls at Broadlands, Hereford, in the Main Building Programme for 1954-55, and plans are in course of preparation.

Repairs have been effected to school floors in 28 cases, and general repairs and renovations carried out at 123 schools.

Electric light has been installed in 5 schools.

PROVISION OF SCHOOL MEALS AND MILK

The number of meals served daily, which dropped at the beginning of the year when the price of the meal was increased from 7d. to 9d. has been climbing throughout the last four months of the year, and by December had reached the same level as at the corresponding time last year.

New kitchens have been opened at the new schools and an increasing number of schools are now using family or table service in preference to the cafeteria or monitor service. The opportunities for stressing the educational and social aspect of the meal are becoming more generally recognised.

During the year a two-day refresher course for Supervisors and Senior Cooks was held and was very well attended. Particular stress has been laid on Food and Kitchen Hygiene in canteens throughout the county.

Although difficulties are still being experienced in obtaining school milk supplies in third pint bottles with straws, an increasing number of schools are now being supplied with graded milk. It is hoped that the general improvements in the supplying of milk which are likely to result from the new regulations coming into force during the next year or so will assist the authorities in obtaining the full service for more schools in the county.

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